



**FOR OFFICE USE ONLY**

PCA: 27103

OBJ: 4924 = \$25

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR LICENSURE VERIFICATION**

You are a (check one of the following): Veterinarian \_\_\_\_\_ Veterinary technician \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_  
\_\_\_\_\_

Requestor's Phone number: \_\_\_\_\_

License number (if a veterinarian): \_\_\_\_\_ Registration number (if a technician): \_\_\_\_\_

Name of board/organization to which verification shall be sent:

\_\_\_\_\_

Address of board/organization to which verification shall be sent:

\_\_\_\_\_

If the board/organization to which the verification shall be sent has a specific form to be completed by the Maryland State Board of Veterinary Medical Examiners, attach that form to this request.

**A check or money order in the amount of \$25.00 shall be made payable to Maryland Department of Agriculture. Include your name or license number in the memo section of a check.**

Mail this form and your payment to: Maryland Department of Agriculture  
P.O. Box 17304  
Baltimore, MD 21297-1304